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PTO/SB/21 (08-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/762,197
		Filing Date	January 20, 2004
		First Named Inventor	John B. Langley
		Art Unit	2681
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	4	Attorney Docket Number	509912000401

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Charles D. Holland - 35,196
Signature	
Date	September 14, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 14, 2004

Signature: (Thao T. Pham)

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	10/762,197
Filing Date	January 20, 2004
First Named Inventor	John B. Langley
Art Unit	2681
Examiner Name	Not Yet Assigned
Attorney Docket Number	509912000401

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

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 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This request is being made at the request of Domondi Technologies, Inc.

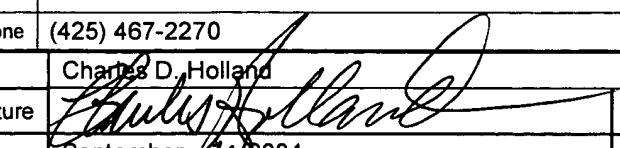
CORRESPONDENCE ADDRESS

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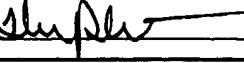
Firm or Individual Name Julia Ceffalo

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Telephone	(425) 467-2270		Fax	(425) 467-2351
Name	Charles D. Holland		Registration No.	35,196
Signature			Telephone No.	(650) 813-5832
Date	September 14, 2004			

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Dated: September 14, 2004

Signature:  (Thao T. Pham)



PTO/SB/83 (09-03)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/762,197
	Filing Date	January 20, 2004
	First Named Inventor	John B. Langley
	Art Unit	2681
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	509912000401

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CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
 2. Change the correspondence address and direct all future correspondence to:

Customer Number

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<input checked="" type="checkbox"/> Firm or Individual Name	Julia Ceffalo		
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City	Bellevue	State	Washington
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Name	Charles D. Holland		
Signature			Registration No. 35,196
Date	September 14, 2004	Telephone No.	(650) 813-5832

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OR

Firm or Individual Name **Julia Ceffalo**

Address	1756 - 114th Avenue SE, Suite 110			
City	Bellevue	State	Washington	Zip 98004
Country				
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